

Co-Occurring Substance Abuse and Mental Disorders  
Iowa Strategic Plan

<b>PRIORITY 1: SCREENING</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 1.1</b>  <b>Ensure COD screening for every person who seeks mental health (MH) or substance abuse (SA) services</b>	<b>Action 1.1.1</b> Meet with DHS and DPH directors to identify lead agency to implement screening	Janet Zwick, DPH	Janet Zwick, DPH Mary Nelson, DHS	DHS/DPH directors identify lead for implementing COD screening process.	Meeting held and decision reached.	February 2005 <b>DONE</b> Janet Zwick/DPH leads screening implementation.
	<b>Action 1.1.2</b> Establish Screening Work Group to identify and recommend potential screening instruments	Janet Zwick, DPH	Corrections; CPCs; Magellan; MH Consortium; MH/SA provider associations; MH providers; SA Consortium; SA providers	Screening Work Group identifies and recommends screening instrument(s) to Co-Occurring Committee for use across all systems.	a. Screening Work Group established.  b. Screening instrument(s) identified and recommended.  c. Co-Occurring Committee reviews and approves recommendations or requests additional action.	a. May 1, 2005  b. September 30, 2005  c. December 1, 2005
	<b>Action 1.1.3</b> Iowa Plan contracted providers use identified screening instruments	Kathy Stone, Magellan	DHS DPH Magellan	Iowa Plan providers appropriately use selected adolescent and adult screening instrument(s) with all Iowa Plan clients.	a. DHS and DPH add screening requirement language to Iowa Plan contract with Magellan.  b. Magellan issues Provider Release requiring provider use of screening instrument(s).  c. Magellan conducts provider orientation and training on screening instrument(s).  d. Providers implement use of screening instrument(s).  e. Magellan monitors provider implementation of screening instrument(s) and conducts on-going technical assistance.	a. July 1, 2005  b. January 1, 2006  c. March 1, 2006  d. April 1, 2006  e. April 1, 2007

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	<b>Action 1.1.4</b> Initiate Administrative Rules process related to requiring use of selected screening instrument(s)	Janet Zwick, DPH	DHS; DPH	Administrative Rules require use of selected screening instrument by all Iowa MH/SA providers.	Administrative Rules process implemented and completed.	December 1, 2006
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	
Action 1.1.1 Completed						

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<b>PRIORITY 2: LICENSING/CREDENTIALING</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 2.1</b>  <b>Establish program and practitioner licensing and/or credentialing standards and processes that support COD services</b>	<b>Action 2.1.1</b> Establish COD Practitioner Credentialing Work Group to explore and recommend COD practitioner credentialing standards.	Mark Dodd	Jim Thorpe (Capstone) Art Schut Kathy Stone Mary Ann Thompson Lois Churchill (IDPH) Debbie Gilbert(IBS AC) Holly-KarrWhite (Family Recovery, Ottumwa) Corrections	Recommendation of practitioner credential(s) that incorporate COD capability.	a. Credentialing standards written summary (see 2.1.2 below) reviewed.  b. Recommendation on COD practitioner credential(s) made to Co-Occurring Committee.	a. April 1, 2005  b. January 1, 2007
	<b>Action 2.1.2</b> Establish Licensing Work Group to review MH and SA program licensing	Dean Austin, DPH; Dennis Siebert, DHS	DHS; DPH; MH providers; SA providers; technical assistance resources	Licensing Work Group reviews MH and SA program licensing standards and makes recommendations to DHS and DPH that support COD service system.	a. Licensing Work Group established  b. Licensing Work Group makes recommendations to DHS/DPH.	a. June 1, 2005  b. December 1, 2005

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	<b>Action 2.1.3</b> Develop a written summary of credentialing standards and processes for COD, MH, and SA practitioners across US.	Debbie Gilbert, IBSAC	ATTC; CSAT; Technical Assistance resources	Written summary of COD, MH, and SA practitioner credentialing standards/processes is available for review by Co-Occurring Committee.	a. Review existing, available credentialing information and, if sufficient, deliver summary to Co-Occurring Committee.  b. If not sufficient, research available credentialing information and write summary for Co-Occurring Committee.	a. July 1, 2005  b. January 1, 2006
	<b>Action 2.1.4</b> Develop coordinated licensure standards and process for MH and SA programs.	Dean Austin, DPH; Dennis Siebert, DHS	DHS; DPH;	Streamlined, non-duplicative MH/SA program licensure standards and process.	a. Coordinated licensure standards/process written.  b. Administrative Rules process completed.	a. February 1, 2006  b. July 1, 2006
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>			<b>Immediate Next Steps (including potential technical assistance needs)</b>	

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<b>PRIORITY 3: ASSESSMENT</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 3.1</b>  <b>Ensure that each person who screens positive for COD has access to comprehensive assessment by a qualified practitioner or practitioners that includes COD</b>	<b>Action: 3.1.1</b> Establish Assessment Work Group to identify and recommend assessment elements or "core domains".	Janet Zwick, DPH	<a href="#">Tim Leonard</a> <a href="#">Ken Zimmerman</a> Corrections; CPCs; Magellan; MH Consortium; MH/SA provider associations; MH providers; SA Consortium; SA providers	Assessment Work Group identifies and recommends assessment core domains for use across all populations and all systems to Co-Occurring Committee.	a. Assessment Work Group established.  b. Assessment Work Group identifies and recommends core domains to Co-Occurring Committee.  c. Co-Occurring Committee reviews and approves recommendations or requests additional action.	a. January 1, 2006  b. December 1, 2006  c. April 1, 2007
	<b>Action 3.1.2</b> Iowa Plan contracted providers use identified assessment core domains	Kathy Stone, Magellan	DHS DPH Magellan	Iowa Plan providers appropriately use selected assessment core domains.	a. DHS/DPH add assessment requirement to Iowa Plan contract with Magellan.  b. Magellan issues Provider Release regarding assessment requirement.  c. Magellan conducts provider orientation and training on assessment.  d. Providers implement use of required assessment core domains.  e. Magellan monitors provider implementation of assessment requirement and conducts on-going technical assistance.	a. July 1, 2006  b. January 1, 2007  c. March 1, 2007  d. April 1, 2007  e. April 1, 2007

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	<b>Action3.1.3</b> Initiate Administrative Rules process related to requiring use of selected assessment instrument(s)	Janet Zwick, DPH	DHS; DPH	Administrative Rules require use of selected assessment instrument by all Iowa MH/SA providers.	Administrative Rules process implemented and completed.	December 2006
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<b>PRIORITY 4: BEST PRACTICES</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 4.1</b>  <b>Promote evidence-based and consensus-based COD service models</b>	<b>Action 4.1.1</b> Conduct training and technical assistance related to SAMHSA TIP 42	Julie Shepard	Bill Dodds Carolyn Ross Tim Leonard Kathy Stone Emily Smith West Steve Arndt Michael Flaum Kathy Egbert (Lucas County CPC) Mindy Lamb (Johnson County CPC) Wendy Valentine Mark Smith Vickie Lewis advocacy groups; child/adolescent providers; Corrections; Juvenile Justice;	Providers adopt and implement evidence/consensus-based COD service models	a. Establish Training Work Group.  b. Training conducted on COD models, consistent with TIP 42 and recommendations of Training Work Group.	a. July 1, 2005  b. July 1, 2006
	<b>Action 4.1.2</b> Conduct Motivational Interviewing training across MH, SA, and Corrections systems	Jeanette Bucklew, Corrections; Ardis Glace, ISAPDA	Corrections; MH provider associations; SA provider associations	Practitioners receive training in Motivational Interviewing	a. Determine availability of MI technical assistance through SAMHSA.  b. Motivational Interviewing training conducted.	a. September 1, 2005  b. April 1, 2006
	<b>Action 4.1.3</b> Review best practices and disseminate across service system.	Ardis Glace, ISAPDA Carolyn Ross, ISAPDA	MH Consortium; SA Consortium	Best practices are communicated to all providers across MH/SA service systems.	Best practices reviewed and disseminated.	October 1, 2005

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	<b>Action 4.1.4</b> Educate MH and SA clients on benefits of COD services	Kathy Stone, Magellan	Advocacy organizations; Consumer/Family Advisory Committee; NAMI; SA/MH providers	MH/SA clients receive information on COD services.	Communication materials developed and distributed.	December 1, 2005
	<b>Action 4.1.5</b> Work with providers to establish practice patterns that support an integrated COD service system, including development of COD provider-to-provider resource network.	Kathy Stone, Magellan	MH Consortium; MH provider association; SA Consortium; SA provider association	Providers adopt and implement COD service models and are aware of peer-to-peer resources.	a. Dissemination of COD resources.  b. Establishment of COD resource network.	a. January 1, 2006  b. July 1, 2006
	<b>Action 4.1.6</b> Develop incentives to support provider use of evidence/consensus-based practices	Janet Zwick, DPH	DHS; DPH; Magellan; MH provider associations; SA provider associations	Incentives support provider use of evidence/consensus-based practices.	Incentive options reviewed and specific COD implementation incentives identified.	January 1, 2006
	<b>Action 4.1.7</b> Identify barriers to utilization of traditional SA 12 Step recovery groups by persons with COD <a href="#">this will become a training part</a>	<a href="#">Julie Shepard</a>	John Grate; MH Providers; NAMI; SA Providers	Any barriers to COD persons participating in recovery groups are identified and alternatives or interventions are implemented.	a. Identify perceived barriers.  b. Recommend and implement alternatives and/or interventions.	a. January 1, 2006  b. July 1, 2006

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	<b>Action 4.1.8</b> Develop a covered service of COD client-to-client peer support, similar to AA groups or NAMI Peer-to-Peer.	Kathy Stone, Magellan	NAMI DHS DPH	COD peer support available.	a. Existing peer support services reviewed and recommendations made to Co-Occurring Committee.  b. Determination made by DHS re: COD peer support as a Medicaid covered service.	a. July 1, 2006  b. July 1, 2007
	<b>Action 4.1.9</b> Educate Primary Care Physicians and other MDs on COD to support appropriate screening and referral	Ardis Glace, ISAPDA	DPH; MH/SA providers	Physicians support COD services through referral and follow-up.	a. Review physician CEU requirements  b. Develop and market COD CEU presentations.	a. July 1, 2006  b. January 1, 2007
	<b>Action 4.1.10</b> Review regulatory/contract standards to support provider use of evidence/consensus-based practices	Gene Gessow, DHS; Mary Nelson, DHS	Gene Gessow, DHS; Mary Nelson, DHS	Regulatory standards and contracts require COD services based on accepted best practices.	Standards reviewed necessary revisions recommended.	January 1, 2008
	<b>Action 4.1.11</b> Require use of evidence/consensus-based COD practices in insurance contracts	Gene Gessow, DHS	Gene Gessow, DHS	All payors require COD service provision consistent with accepted best practices.	Regulations require best practice implementation in COD service delivery.	July 1, 2008
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>		<b>Immediate Next Steps (including potential technical assistance needs)</b>		

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<b>PRIORITY 5: SERVICE REIMBURSEMENT</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 5.1</b>  <b>Assure appropriate reimbursement for COD services</b>	<b>Action 5.1.1</b> Recommend appropriate pricing strategies to support specific services delivered through a COD service system.treatment.	Linda Hinton, ISAC; Kathy Stone, Magellan	David Higdon (Polk County CPC) Bobbie Hoover (Washington County CPC) DHS; DPH; ISAC; Magellan; MH provider association(s); SA provider association(s); Wellmark	Reimbursement mechanisms support COD services	a. Review pricing strategies and make recommendations to Co-Occurring Committee, including consideration of infrastructure start-up costs and cost benefit of reimbursing COD dual-credentialed practitioners at higher rates.  b. Investigate HIPAA codes and related issues	a. July 1, 2007  b. January 1, 2008
	<b>Action 5.1.2</b> Engage third-party payers in appropriate reimbursement for COD services	Gene Gessow, DHS	Gene Gessow, DHS	All payors implement appropriate reimbursement for COD services.	3 <sup>rd</sup> party payors reimburse COD services consistent with agreed upon pricing strategies.	July 1, 2007
	<b>Action 5.1.3</b> Review Iowa Plan reimbursement and COD implications	Janet Zwick, DPH; Gene Gessow, DHS	DHS; DPH; Magellan		a. Include Iowa Plan implications in overall pricing strategies  b. Train providers to submit claims.	a. July 1, 2007  b. July 1, 2008
	<b>Action 5.1.4</b> Integrate county funding/payment mechanisms into COD system	Linda Hinton, ISAC	County CPCs'		a. Include county funding implications in overall pricing strategies	July 1, 2007
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>			<b>Immediate Next Steps (including potential technical assistance needs)</b>	

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PRIORITY 6: SYSTEM FINANCING						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
<b>Strategy 6.1</b>  <b>Fully fund the COD service system by maximizing local, State, and federal financing</b>	<b>Action 6.1.1</b> Explore strategies and request technical assistance to “braid” funding within state and federal regulations.	Janet Zwick, DPH; Gene Gessow, DHS	Janet Zwick, DPH; Gene Gessow, DHS	Options for reconfiguration of existing funding sources identified.	Request SAMHSA technical assistance.	January 1, 2006
	<b>Action 6.1.2</b> Identify all funding implications of COD services and service system	Gene Gessow, DHS; Janet Zwick, DPH	advocacy groups; Corrections; <a href="#">Jacki Luckstead (Johnson County CPC)</a>  DPH; Jim Overland, DHS; Magellan; Michael Flaum, MH Consortium	Funding streams are accessed and available funding supports COD service system	Overview document of all funding streams developed.	July 1, 2006
	<b>Action 6.1.3</b> Identify potential new funding sources for specific unmet COD system needs	Ardis Glace, ISAPDA	Ardis Glace, ISAPDA	Additional funding sources identified.	Information on potential new funding sources included in overview document (see 6.1.1 above).	July 1, 2006

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	<b>Action 6.1.4</b> Increase availability of drug and mental health courts to support community-based COD services and avoid imprisonment of persons with COD. Redirect funding from prisons to community based COD system, accordingly.	Jeanette Bucklew, Corrections	MH Providers SA Providers Judicial District Directors Institutional Superintendents	Drug and mental health courts available to support community-based services and decrease imprisonment.	Options for expansion of drug and mental health courts identified and recommended	July 1, 2008
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	

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<b>PRIORITY 7: ACCESS TO SERVICES</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 7.1</b>  <b>Assure availability of and access to timely and effective COD services and eliminate disparities in accessing services</b>  <b>“Every Iowan” means EVERY Iowan.</b>	<b>Action 7.1.1</b> Identify sources of disparity and strategies to overcome them, including review of imprisonment rates and services to children	<a href="#">Rowe Winecoff</a> Carolyn Ross, CADS	<a href="#">Angela Ganzer Bovitz (Mercy)</a> <a href="#">Vicki Sickels</a> advocacy groups; Corrections; DHS; Elder Affairs; Jerry Stubben; prevention specialists	COD service system will be available to all persons in need, with no discrimination or disparity in access	a. Identify resources on access and disparity  b. Review information available through resources and recommend interventions.	a. October 1, 2005  b. January 1, 2007
	<b>Action 7.1.2</b> Explore options for long-term housing/residential care for individuals “too ill” to return to their communities, i.e. certain DHS and Corrections clients	Jeanette Bucklew, Corrections; Mary Nelson, DHS	MH Providers SA Providers Judicial District Directors DHS District Administrators	All COD clients, including offenders, have access to community-based structured environments.	Determine what is currently available, and identify barriers to expansion	January 1, 2006
	<b>Action 7.1.3</b> Improve engagement strategies through reduction of stigma by recruiting community leaders, people in recovery and their families, and ex-offenders in creating a pro-recovery environment	Jeanette Bucklew, Corrections; Carolyn Ross, CADS	Advocacy groups; Corrections; MH provider associations; NAMI; SA provider associations	Stigma is not a barrier to seeking COD services	Determine how to collect and disseminate information	July 1, 2006
	<b>Action 7.1.4</b> Support a COD professional orientation and reduce perceived stigma between MH, SA, and correction professionals	Jeanette Bucklew, Corrections; Carolyn Ross, CADS	Corrections; MH provider associations; SA provider associations	Perceived differences or stigma among practitioners are diminished.	Develop shared COD trainings with multi-disciplinary CEUs	September 1, 2006

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	<b>Action 7.1.5</b> Expand correctional diversion programs (i.e drug courts sentencing reform)	Jeanette Bucklew, Corrections	Judicial District Directors MH Providers SA Providers Institution Superintendents CJJP	Expanded drug and MH courts are available and address COD.	Contact division programs to determine education needs to address access disparities.	September 1, 2006
	<b>Action 7.1.6</b> Apply for co-sig grant	Janet Zwick, DPH	Janet Zwick, DPH	Co-Sig grant will support development of COD service system.	Submit Grant	Prior to application date.
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>		<b>Immediate Next Steps (including potential technical assistance needs)</b>		

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<b>PRIORITY 8: MARKETING/EDUCATION</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 8.1</b>  <b>Develop and implement a “marketing plan” to educate all stakeholders about COD and the benefits of integrated COD services</b>	<b>Action 8.1.1</b> Develop a one page overview document describing the COD service model and distribute to all constituencies	Joyce Adler, DPH; Patrick Smith, NE IA MHC Bill Dodds	Wendy Valentine advocacy groups; DPH; Josh Mandelbaum, Governor’s Office; Margaret Stout, NAMI–Iowa; MH/SA consortia; trainers	Wide scale support for and acceptance of COD service system by Iowa stakeholders and the public	Paper developed	July 1, 2006
	<b>Action 8.1.2</b> Work with legislators to foster understanding of and support for COD service system	Patrick Smith Penny Bassman	Legislators Mark Smith, SATUCI; MH/SA provider associations	Legislature supports COD service system model	Disseminate paper and offer testimony.	August 1, 2006
	<b>Action 8.1.3</b> Work with the Governor to assure full understanding and support for COD service system	Janet Zwick, DPH; Gene Gessow, DHS; Mary Nelson, DHS	Janet Zwick, DPH; Gene Gessow, DHS; Mary Nelson, DHS	Governor supports COD service system model	Present paper to Governor	August 1, 2006  (and January 1, 2007 if new Governor)
	<b>Action 8.1.4</b> Educate all stakeholders on long term cost and societal benefits of MH and SA treatment and of COD service system	Bill Dodds Carolyn Ross	advocacy groups; Jon Grate, Consumer Advocate; MH/SA provider associations	Stakeholders understand and support MH and SA treatment and COD service system	Disseminate Information Document distributed at state wide meetings Document placed on web Document sent to stakeholder organizations	August 1, 2006

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	<b>Action 8.1.5</b> Identify advocacy groups to educate public on benefits of COD service system and elimination of barriers, i.e. stigma	Jane Hartman, LSI	advocacy groups; Jon Grate, Consumer Advocate; MH/SA provider associations	Stakeholders understand and support MH and SA treatment and COD service system	Disseminate information Document distributed at state wide meetings Document placed on web Document sent to stakeholder organizations	August 1, 2006
	<b>Action 8.1.6</b> Develop associated trainings and education materials	Ardis Glace, ISAPDA	MH and SA provider associations	Practitioners have knowledge necessary to implement COD service system	Trainings developed and initiated	January 1, 2007
	<b>Action 8.1.7</b> Educate stakeholders, including clients, on benefits of coordinating COD services with primary (medical) care	Gene Gessow, DHS	advocacy groups; Medical Advisory Council; MH/SA provider associations	Stakeholders, including clients, support coordination between COD services and primary (medical) care	Develop and disseminate materials Document distributed at state wide meetings Document placed on web Document sent to stakeholder organizations	January 1, 2007
Progress to Date		Barriers and/or Situational Changes		Immediate Next Steps (including potential technical assistance needs)		

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<b>PRIORITY 9: INFORMATION SYSTEMS</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager</b>	<b>Implementer</b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
<b>Strategy 9.1</b>  <b>Adapt existing information systems or develop systems to support COD services including: service need, service utilization, outcomes, and costs within and across systems.</b>	<b>Action 9.1.1</b> Review common data sets between Corrections, counties, MH, and SA	Jeanette Bucklew, Corrections; Linda Hinton, ISAC	Corrections; DHS; DPH; ISAC; Magellan Patrick Smith Ken Zimmerman Scott Regenweather (Johnson County CPC) Cheryl Elsburyreiher (Bremer County CPC)	Data sets identified and reviewed for common elements and gaps.	Information gathered from each organization	September 30, 2005
	<b>Action 9.1.2</b> Explore how the State data warehouse could facilitate linkage across Corrections, county system, MH, and SA	Jeanette Bucklew, Corrections; Linda Hinton, ISAC	Corrections; DHS; DPH;	Linkage facilitated and common data sets supported	Develop recommendations for combining data	September 1, 2006
	<b>Action 9.1.3</b> Create Information Work Group to develop and integrate MH data	Mary Nelson, DHS	DHS; ISAC; MH/SA provider associations	MH data system developed	MH data system developed	December 1, 2006
	<b>Action 9.1.4</b> Request technical assistance on how to blend DPH's SA I-SMART data system with a MH data system, assuring integration with Corrections. Review I-SMART to identify potential additional MH data elements.	Mary Nelson, DHS; Janet Zwick, DPH	Corrections; CPCs; DHS data person; DPH data person; ISAC; John Baldwin; Magellan; MH providers; SA providers	Data sets are integrated across SA, MH, Corrections, and county systems.	Technical assistance requested and received.	December 1, 2009
<b>Progress to Date</b>		<b>Barriers and/or Situational Changes</b>		<b>Immediate Next Steps (including potential technical assistance needs)</b>		

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